

BOARD OF EDUCATION, DISTRICT 148  
DOLTON, COOK COUNTY, ILLINOIS

STUDENT BEHAVIOR REFERRAL

From: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher

Re: \_\_\_\_\_

Student's Name

Teacher's Description of misconduct: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has child received previous disciplinary actions for this infraction? Yes \_\_\_\_\_ No \_\_\_\_\_

TEACHER'S ACTIONS:

Action 1: Conference w/student(s) Date: \_\_\_\_\_  
Action 2: Phone Call to Parent: Date: \_\_\_\_\_  
Action 3: Detention Issued Date: \_\_\_\_\_  
Action 4: Face to Face Conference w/parent & student Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Please have the student complete the back side of this form.

PRINCIPAL/DESIGNEE FINAL DETERMINATION:

\_\_\_\_\_ Conference requested w/parent, teacher & student  
Requested by: phone \_\_\_\_\_ letter \_\_\_\_\_ Date: \_\_\_\_\_  
Conference held \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ In School Suspension (Student Responsibility Center) Date: \_\_\_\_\_  
\_\_\_\_\_ Out of School Suspension Date: \_\_\_\_\_

Principal/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

